

To:
Audiologists
Hearing
Instrument
Specialists
Speech and
Hearing Clinics
HMOs and Other
Managed Care
Programs

Policies, Procedures, and Changes to Purchase Rates for Hearing Aids

Effective for hearing aids purchased from Oticon Inc. on and after June 1, 2005, purchase rates have been lowered on select hearing aid models. Effective for prior authorization (PA) requests received on and after June 1, 2005, Phonak Hearing Systems has added a hearing aid model to its volume purchase contract with Wisconsin Medicaid. Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for a revised list of contracted hearing aid models.

Providers are required to follow the revised Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1) Completion Instructions, HCF 11020A (Rev. 04/05), for PA requests submitted on and after June 1, 2005. If applicable, the size of the hearing aid (i.e., full shell, half shell, low profile) must be indicated in Element 16 of the form. The revised completion instructions are included in Attachment 2.

As a result of questions received following the implementation of the hearing aid volume purchase contracts, providers are reminded of policies for hearing aid repairs and custom ear molds.

Changes to Purchase Rates and Models for Contracted Hearing Aids

Effective for hearing aids purchased from Oticon Inc. on and after June 1, 2005, purchase rates have been lowered on select hearing aid models.

Effective for prior authorization (PA) requests received on and after June 1, 2005, Phonak Hearing Systems has added a hearing aid model to its volume purchase contract with Wisconsin Medicaid.

Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for a revised list of contracted hearing aid models. Models affected by these changes are indicated in the following locations:

- Page 7, under V5180.
- Page 9, under V5255.
- Page 9, under V5256.
- Page 12, under V5257.

Revised Instructions for Submitting Prior Authorization Requests

Element 16 of the Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1) Completion Instructions, HCF 11020A (Rev. 04/05), has been revised. If applicable, the *size* of the hearing aid (i.e., full shell, half shell, low profile) must be indicated in

Element 16 of the form. Providers are required to follow the revised completion instructions for PA requests submitted on and after June 1, 2005. The revised completion instructions are included in Attachment 2.

Policies for Hearing Aid Repairs and Custom Ear Molds

As a result of questions received following the implementation of the hearing aid volume purchase contracts, providers are reminded of policies for hearing aid repairs and custom ear molds. Refer to the December 2004 *Update* (2004-86), titled “Purchase Contracts Made for Hearing Aids,” for more information about the volume purchase contracts.

Repairs for Hearing Aids Purchased Outside a Volume Purchase Contract

Hearing aids purchased outside a volume purchase contract are not subject to the same requirements as those hearing aids purchased through a volume purchase contract. Hearing aids purchased outside a volume purchase contract include the following:

- Any hearing aid prior authorized by Wisconsin Medicaid prior to January 1, 2005.
- Any hearing aid purchased from the manufacturer prior to January 1, 2005.
- Any hearing aid prior authorized by Wisconsin Medicaid that is not available through a volume purchase contract.
- Any hearing aid that was not reimbursed by Wisconsin Medicaid.

After 12 months from the dispensing date of a hearing aid purchased outside a volume purchase contract, repairs are allowed once

every six months. Wisconsin Medicaid will not reimburse the following:

- Major and minor repairs on items that are covered under warranty.
- Major and minor repairs on the same date of service (DOS) for the same hearing aid.

Repairs for Hearing Aids Purchased Through a Volume Purchase Contract

After 12 months from the dispensing date for hearing aids purchased through a volume purchase contract, minor repairs (V5014 + modifier “22”) are allowed once every six months.

Repairs needed within 24 months of purchase for hearing aids purchased through a volume purchase contract should be made by the manufacturer at no cost to the provider, recipient, or Wisconsin Medicaid. After the 24-month equipment warranty has expired, major repairs (V5014) completed by the manufacturer are allowed subject to the repair warranty.

Custom Ear Molds

A custom ear mold (V5264) for a behind-the-ear hearing aid is not included in the hearing aid package. A custom ear mold is separately reimbursable for the same DOS as the hearing aid purchase and should be submitted on the same claim.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

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ATTACHMENT 1

Contracted Hearing Aid Models

Modifiers for Contracted Hearing Aid Models

The following modifiers are allowable for contracted hearing aid models.

Modifier	Description
LT	Left side
RR*	Rental
RT	Right side

The maximum allowable fee for all rentals is \$27.34 per 30-day period. All rented hearing instruments require prior authorization (PA). Wisconsin Medicaid does not reimburse providers for dispensing fees for rental hearing instruments.

Contracted Hearing Aid Models

Effective for PA requests received by Wisconsin Medicaid on and after January 1, 2005, Wisconsin Medicaid will approve only the hearing aid models available through a volume purchase contract. The following procedure codes are allowable for the corresponding hearing aid models. Many of the manufacturers and models listed in this table are registered or trademarked by the manufacturer.

Symbol	Description
**	Indicates the hearing aid model has a revised purchase rate (effective for purchases made on and after June 1, 2005).
***	Indicates the hearing aid model has been added to the manufacturer's volume purchase contract (effective for PA requests received on and after June 1, 2005).

V5030 — Hearing aid, monaural; body worn, air conduction* (Applicable modifiers: LT, RR, RT)				
Manufacturer and Style	Model	Purchase Rate	Repair Rate	Repair Warranty
Rexton, Inc.	Fusion PP+	\$228.90	\$45.50	12 months
Starkey Laboratories, Inc.	SB 1 without y-cord and extra receiver	\$245.00	\$56.69	12 months

* All hearing instruments are air conduction unless otherwise noted.

V5040 — Hearing aid, monaural; body worn, bone conduction (Applicable modifiers: LT, RR, RT)				
Manufacturer and Style	Model	Purchase Rate	Repair Rate	Repair Warranty
Rexton, Inc.	Fusion PP+	\$267.40	\$45.50	12 months
Starkey Laboratories, Inc.	BC 1 with adjustable headband	\$320.00	\$56.69	12 months
	BC 1 without headband	\$285.00		

V5050 — Hearing aid, monaural; in the ear (Applicable modifiers: LT, RR, RT)

For binaural, use V5130 — Binaural; in the ear (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Electone, Inc. — Full Shell	Class A	\$153.81	\$307.62	\$58.00	6 months
	Class A with telecoil	\$156.16	\$312.32		
	Class D	\$159.41	\$318.82		
	Class D with telecoil	\$159.72	\$319.44		
	Class D AGC-O	\$166.27	\$332.54		
	Class D AGC-O with telecoil	\$170.84	\$341.68		
	Class D Power	\$165.40	\$330.80		
	Class D Power with telecoil	\$165.86	\$331.72		
Electone, Inc. — Half Shell	Class A	\$172.82	\$345.64	\$58.00	6 months
	Class D	\$189.05	\$378.10		
	Class D AGC-O	\$196.59	\$393.18		
Phonak Hearing Systems — Full Shell	9100 Class B Power	\$159.00	\$318.00	\$94.00	12 months
	9100 Class B Power with telecoil	\$198.95	\$397.90		
	9100 Class D MC-WDRC	\$207.00	\$414.00		
	9100 Class D MC-WDRC with telecoil	\$246.95	\$493.90		
	9100 Class D (SC + a.R.T.)	\$166.20	\$332.40		
	9100 Class D (SC + a.R.T.) with telecoil	\$206.15	\$412.30		
	9100 Linear Class D	\$147.00	\$294.00		
	9100 Linear Class D with telecoil	\$186.95	\$373.90		
	Solo T dLimiting	\$243.10	\$486.20		
	Solo T dLimiting with telecoil	\$283.05	\$566.10		
	Solo T dSC	\$275.60	\$551.20		
	Solo T dSC with telecoil	\$315.55	\$631.10		
	Solo T dWDRC	\$308.10	\$616.20		
Phonak Hearing Systems — Half Shell	9300 Class D MC-WDRC	\$231.00	\$462.00	\$94.00	12 months
	9300 Class D MC-WDRC with directional	\$330.00	\$660.00		
	9300 Class D MC-WDRC with telecoil	\$270.95	\$541.90		
	9300 Class D (SC + a.R.T.)	\$190.20	\$380.40		
	9300 Class D (SC + a.R.T.) with directional	\$289.20	\$578.40		
	9300 Class D (SC + a.R.T.) with telecoil	\$230.15	\$460.30		
	9300 Linear Class D	\$171.00	\$342.00		
	9300 Linear Class D with directional	\$270.00	\$540.00		
	9300 Linear Class D with telecoil	\$210.95	\$421.90		
	Solo T dLimiting	\$269.10	\$538.20		
	Solo T dLimiting with telecoil	\$309.05	\$618.10		
	Solo T dSC	\$301.60	\$603.20		
	Phonak Hearing Systems — Low Profile	9100 Class B Power	\$159.00		
9100 Class D MC-WDRC		\$207.00	\$414.00		
9100 Class D (SC + a.R.T.)		\$166.20	\$332.40		
9100 Linear Class D		\$147.00	\$294.00		
9300 Class D MC-WDRC		\$231.00	\$462.00		
9300 Class D (SC + a.R.T.)		\$190.20	\$380.40		
9300 Linear Class D		\$171.00	\$342.00		

V5050 — Hearing aid, monaural; in the ear (Applicable modifiers: LT, RR, RT) (Continued)

For binaural, use V5130 — Binaural; in the ear (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Rexton, Inc. — Full Shell	AGC-I Arena RX-12	\$202.15	\$404.30	\$42.00	12 months
	AGC-I Arena RX-12 with directional	\$267.15	\$534.30		
	AGC-I Arena RX-12 with telecoil	\$228.15	\$456.30		
	AGC-O Arena RX-12	\$182.00	\$364.00		
	AGC-O Arena RX-12 with directional	\$247.00	\$494.00		
	AGC-O Arena RX-12 with telecoil	\$208.00	\$416.00		
	Grand-D Arena RX-12	\$227.50	\$455.00		
	Grand-D Arena RX-12 with directional	\$292.50	\$585.00		
	Grand-D Arena RX-12 with telecoil	\$253.50	\$507.00		
	High Power Arena RX-12	\$185.25	\$370.50		
	High Power Arena RX-12 with directional	\$250.25	\$500.50		
	High Power Arena RX-12 with telecoil	\$211.25	\$422.50		
	Linear Arena RX-12	\$182.00	\$364.00		
	Linear Arena RX-12 with directional	\$247.00	\$494.00		
	Linear Arena RX-12 with telecoil	\$208.00	\$416.00		
Rexton, Inc. — Half Shell	AGC-I Arena RX-20	\$257.40	\$514.80	\$42.00	12 months
	AGC-I Arena RX-20 with directional	\$322.40	\$644.80		
	AGC-I Arena RX-20 with telecoil	\$283.40	\$566.80		
	AGC-O Arena RX-20	\$237.50	\$475.00		
	AGC-O Arena RX-20 with directional	\$302.50	\$605.00		
	AGC-O Arena RX-20 with telecoil	\$263.50	\$527.00		
	Grand-D Arena RX-20	\$282.75	\$565.50		
	Grand-D Arena RX-20 with directional	\$347.75	\$695.50		
	Grand-D Arena RX-20 with telecoil	\$308.75	\$617.50		
	High Power Arena RX-20	\$240.50	\$481.00		
	High Power Arena RX-20 with directional	\$305.50	\$611.00		
	High Power Arena RX-20 with telecoil	\$266.50	\$533.00		
	Linear Arena RX-20	\$237.25	\$474.50		
	Linear Arena RX-20 with directional	\$302.25	\$604.50		
	Linear Arena RX-20 with telecoil	\$263.25	\$526.50		
Unitron Hearing, Inc. — Full Shell	AGC-O	\$251.25	\$502.50	\$52.50	6 months
	AGC-O with telecoil	\$277.50	\$555.00		
	AGC-O Power	\$281.25	\$562.50		
	AGC-O Power with telecoil	\$307.50	\$615.00		
	Enhanced Linear	\$191.25	\$382.50		
	Enhanced Linear with telecoil	\$217.50	\$435.00		
	Enhanced Linear Power	\$221.25	\$442.50		
	Enhanced Linear Power with telecoil	\$247.50	\$495.00		
Unitron Hearing, Inc. — Half Shell	AGC-O	\$281.25	\$562.50	\$52.50	6 months
	AGC-O with telecoil	\$307.50	\$615.00		
	Enhanced Linear	\$221.25	\$442.50		
	Enhanced Linear with telecoil	\$247.50	\$495.00		

V5060 — Hearing aid, monaural; behind the ear (Applicable modifiers: LT, RR, RT) For binaural, use V5140 — Binaural; behind the ear (Applicable modifier: RR).					
Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Micro Ear Technology, Inc.	MT13 AGC-O	\$175.23	\$350.46	\$67.49	12 months
	MT13 E	\$174.92	\$349.84		
	MT13 PP	\$174.89	\$349.78		
	MT13 PPX	\$174.89	\$349.78		
	MT675 XP	\$299.85	\$599.70		
Oticon, Inc.	380P	\$280.44	\$560.88	\$80.00	12 months
	Personic 410 Classic	\$243.20	\$486.40		
	Personic 420 Power	\$266.76	\$533.52		
	Personic 425 Power Plus	\$278.92	\$557.84		
Phonak Hearing Systems	PicoForte3 PP-C-L-P	\$222.00	\$444.00	\$94.00	12 months
	PicoForte3 PP-C-P	\$222.00	\$444.00		
	PicoForte3 PP-SC	\$222.00	\$444.00		
	PicoForte3 SC-D	\$222.00	\$444.00		
	Super Front PP-C-4	\$234.00	\$468.00		
	Super Front PP-C-L-4	\$234.00	\$468.00		
	Super Front PP-C-L-4+	\$234.00	\$468.00		
	Super Front PP-SC	\$234.00	\$468.00		
Unitron Hearing, Inc.	Icon AoHP ₊ 4	\$296.25	\$592.50	\$52.50	6 months
	Icon AoHP ₊ 4D	\$296.25	\$592.50		
	Icon AoHP ⁴ L	\$296.25	\$592.50		
	US 80-PP	\$303.75	\$607.50		
	US 80-PPL	\$303.75	\$607.50		

V5100 — Hearing aid, bilateral, body worn (Applicable modifier: RR)				
Manufacturer and Style	Model	Purchase Rate	Repair Rate	Repair Warranty
Rexton, Inc.	Fusion PP+ with y-cord and two air conduction receivers	\$298.90	\$45.50	12 months
Starkey Laboratories, Inc.	SB 1 with straight or y-cord and extra receiver	\$270.00	\$56.69	12 months

V5120 — Binaural; body (Applicable modifier: RR)				
Manufacturer and Style	Model	Purchase Rate	Repair Rate	Repair Warranty
Rexton, Inc.	Fusion PP+	\$298.90	\$45.50	12 months

V5130 — Refer to V5050.

V5140 — Refer to V5060.

V5170 — Hearing aid, CROS; in the ear (Applicable modifiers: LT, RR, RT)
 For BICROS, use V5210 — Hearing aid, BICROS; in the ear (Applicable modifiers: LT, RR, RT).

Manufacturer and Style	Model	Purchase Rate for CROS	Purchase Rate for BICROS	Repair Rate	Repair Warranty
Rexton, Inc.	AGC-I Arena RX-12	\$403.65	\$403.65	\$42.00	12 months
	AGC-I Arena RX-12 with telecoil	\$429.65	\$429.65	\$42.00	
	AGC-O Arena RX-12	\$383.50	\$383.50	\$42.00	
	AGC-O Arena RX-12 with directional	\$448.50	\$448.50	\$42.00	
	AGC-O Arena RX-12 with telecoil	\$409.50	\$409.50	\$42.00	
	Grand-D Arena RX-12	\$429.00	\$429.00	\$42.00	
	High Power Arena RX-12	\$386.75	\$386.75	\$42.00	
	High Power Arena RX-12 with telecoil	\$412.75	\$412.75	\$42.00	
	Linear Arena RX-12	\$383.50	\$383.50	\$42.00	
	Linear Arena RX-12 with directional	\$448.50	\$448.50	\$42.00	
	Linear Arena RX-12 with telecoil	\$409.50	\$409.50	\$42.00	
	Targa ₁ RX-12	\$420.55	\$420.55	\$68.00	
	Targa ₁ RX-12 with directional	\$420.55	\$420.55	\$68.00	
	Targa ₁ RX-12 with telecoil	\$420.55	\$420.55	\$68.00	
Unitron Hearing, Inc.	AGC-O CROS	\$332.25	\$332.25	\$52.50	6 months
	AGC-O Power CROS	\$362.25	\$362.25		
	Enhanced Linear CROS 117/50	\$272.25	\$272.25		
	Enhanced Linear CROS 120/60	\$302.25	\$302.25		

V5180 — Hearing aid, CROS; behind the ear (Applicable modifiers: LT, RR, RT)
 For BICROS, use V5220 — Hearing aid, BICROS; behind the ear (Applicable modifiers: LT, RR, RT).

Manufacturer and Style	Model	Purchase Rate for CROS	Purchase Rate for BICROS	Repair Rate	Repair Warranty
Oticon, Inc.	Ergo BTE	\$278.00	\$278.00	\$100.00	12 months
	Ergo BTE Power	\$299.00	\$299.00		
	**GO BTE	\$281.25	\$281.25		
	**GO BTE Directional	\$307.50	\$307.50		
	GO BTE Power	\$281.25	\$281.25		
	**GO BTE VC	\$300.00	\$300.00		
	Sumo E	\$375.00	\$375.00		
	Swift 70+	\$282.00	\$282.00		
	Swift 90+	\$315.00	\$315.00		
	Swift 100+	\$330.00	\$330.00		
Rexton, Inc.	Targa ₁ P	\$350.00	\$350.00	\$73.50	12 months
Siemens Hearing Instruments, Inc.	INFINITI pro CROS	\$354.75	\$354.75	\$85.00	12 months
	MUSIC pro CROS	\$424.80	\$424.80		
	PHOENIX 113 CROS	\$301.95	\$301.95		
	PHOENIX 213 CROS	\$301.95	\$301.95		
	PHOENIX 313 CROS	\$301.95	\$301.95		
Unitron Hearing, Inc.	Icon AoHP+ ₄	\$378.75	\$378.75	\$52.50	6 months
	Icon AoHP+ ₄ D	\$378.75	\$378.75		
	Icon AoHP+ ⁴ L	\$378.75	\$378.75		
	US 80-PP	\$386.25	\$386.25		
	US 80-PPL	\$386.25	\$386.25		

V5210 — Refer to V5170.

V5220 — Refer to V5180.

V5245 — Hearing aid, digitally programmable, analog, monaural, ITC (Applicable modifiers: LT, RR, RT)
 For binaural, use V5251 — Hearing aid, digitally programmable analog, binaural, ITC (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Oticon, Inc.	Ergo ITC	\$255.50	\$511.00	\$100.00	12 months
	Swift ITC	\$239.40	\$478.80		

V5246 — Hearing aid, digitally programmable analog, monaural, ITE (in the ear) (Applicable modifiers: LT, RR, RT)
 For binaural, use V5252 — Hearing aid, digitally programmable, binaural, ITE (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Oticon, Inc. — Full Shell	Ergo	\$276.50	\$553.00	\$100.00	12 months
	Swift	\$210.00	\$420.00		
Oticon, Inc. — Half Shell	Ergo Power	\$252.00	\$504.00	\$100.00	12 months
Oticon, Inc. — Low Profile	Ergo Power	\$245.00	\$490.00	\$100.00	12 months

V5247 — Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)
 (Applicable modifiers: LT, RR, RT)

For binaural, use V5253 — Hearing aid, digitally programmable, binaural, BTE (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Oticon, Inc.	Ergo BTE	\$203.00	\$406.00	\$100.00	12 months
	Ergo BTE Power	\$224.00	\$448.00		
	Sumo E	\$300.00	\$600.00		
	Swift 70+	\$207.00	\$414.00		
	Swift 90+	\$240.00	\$480.00		
	Swift 100+	\$255.00	\$510.00		
Phonak Hearing Systems	Piconet2 P2	\$330.00	\$660.00	\$129.50	12 months

V5251 — Refer to V5245.

V5252 — Refer to V5246.

V5253 — Refer to V5247.

V5255 — Hearing aid, digital, monaural, ITC (Applicable modifiers: LT, RR, RT)

For binaural, use V5259 — Hearing aid, digital, binaural, ITC (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Oticon, Inc.	**GO ITC	\$255.00	\$510.00	\$100.00	12 months

V5256 — Hearing aid, digital, monaural, ITE (Applicable modifiers: LT, RR, RT)

For binaural, use V5260 — Hearing aid, digital, binaural, ITE (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Electone, Inc. — Full Shell	Aurora	\$289.08	\$578.16	\$91.00	6 months
	Aurora with telecoil	\$275.94	\$551.88		
	Rio	\$237.00	\$474.00		
	Rio with telecoil	\$236.88	\$473.76		
	Rio Sierra	\$228.37	\$456.74		
	Rio Sierra with telecoil	\$228.93	\$457.86		
	Terra	\$228.37	\$456.74		
	Terra with telecoil	\$228.93	\$457.86		
Electone, Inc. — Half Shell	Aurora	\$289.08	\$578.16	\$91.00	6 months
	Aurora with telecoil	\$288.54	\$577.08		
	Rio	\$262.00	\$524.00		
	Rio Sierra	\$279.22	\$558.44		
	Terra	\$279.22	\$558.44		
	Terra with telecoil	\$280.28	\$560.56		
Micro Ear Technology, Inc. — Full Shell	Caballo Memory Pro	\$344.97	\$689.94	\$107.99	12 months
	Caballo Memory Pro with touchless telecoil	\$374.95	\$749.90		
	Tacana	\$320.10	\$640.20		
	Tacana with directional	\$369.90	\$739.80		
	Tacana with touchless telecoil	\$350.18	\$700.36		
Micro Ear Technology, Inc. — Half Shell	Caballo Memory Pro	\$349.99	\$699.98	\$107.99	12 months
	Caballo Memory Pro with touchless telecoil	\$355.34	\$710.68		
	Tacana	\$325.07	\$650.14		
	Tacana with directional	\$375.16	\$750.32		
	Tacana with touchless telecoil	\$355.18	\$710.36		
Oticon, Inc. — Full Shell	**GO Power	\$251.25	\$502.50	\$100.00	12 months
Oticon, Inc. — Half Shell	**GO	\$251.25	\$502.50	\$100.00	12 months
	**GO Direct	\$266.25	\$532.50		
	**GO Power	\$296.25	\$592.50		
Oticon, Inc. — Low Profile	**GO	\$232.50	\$465.00	\$100.00	12 months
	**GO Direct	\$247.50	\$495.00		
	**GO Power	\$277.50	\$555.00		
Phonak Hearing Systems — Full Shell	Amio 22	\$243.10	\$486.20	\$129.50	12 months
	Amio 22 with telecoil	\$283.05	\$566.10		
Phonak Hearing Systems — Half Shell	Amio 22	\$308.10	\$616.20	\$129.50	12 months
	Amio 22 with telecoil	\$348.05	\$696.10		

V5256 — Hearing aid, digital, monaural, ITE (Applicable modifiers: LT, RR, RT) (Continued)

For binaural, use V5260 — Hearing aid, digital, binaural, ITE (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Qualitone — Full Shell	Evolution	\$363.99	\$727.98	\$124.97	12 months
	Evolution IDP	\$373.99	\$747.98		
	Trilliant	\$373.99	\$747.98		
	Ultra High Frequency	\$273.99	\$547.98		
	Ultra High Frequency with directional	\$336.99	\$673.98		
	Ultra Input Compression	\$273.99	\$547.98		
	Ultra Input Compression with directional	\$336.99	\$673.98		
	Ultra WDRC	\$273.99	\$547.98		
	Ultra WDRC with directional	\$336.99	\$673.98		
Qualitone — Half Shell	Evolution	\$373.99	\$747.98	\$124.97	12 months
	Ultra High Frequency	\$319.99	\$639.98		
	Ultra High Frequency with directional	\$369.99	\$739.98		
	Ultra Input Compression	\$319.99	\$639.98		
	Ultra Input Compression with directional	\$369.99	\$739.98		
	Ultra WDRC	\$319.99	\$639.98		
	Ultra WDRC with directional	\$369.99	\$739.98		
Qualitone — Low Profile	Evolution	\$363.99	\$727.98	\$124.97	12 months
	Evolution IDP	\$373.99	\$747.98		
	Trilliant	\$373.99	\$747.98		
	Ultra High Frequency	\$273.99	\$547.98		
	Ultra High Frequency with directional	\$336.99	\$673.98		
	Ultra Input Compression	\$273.99	\$547.98		
	Ultra Input Compression with directional	\$336.99	\$673.98		
	Ultra WDRC	\$273.99	\$547.98		
	Ultra WDRC with directional	\$336.99	\$673.98		
Rexton, Inc. — Full Shell	Targa ₁ RX-12	\$219.05	\$438.10	\$68.00	12 months
	Targa ₁ RX-12 with directional	\$219.05	\$438.10		
	Targa ₁ RX-12 with telecoil	\$219.05	\$438.10		
	Targa ₂ RX-12	\$279.50	\$559.00		
	Targa ₂ RX-12 with directional	\$279.50	\$559.00		
	Targa ₂ RX-12 with telecoil	\$279.50	\$559.00		
Rexton, Inc. — Half Shell	Targa ₁ RX-20	\$274.00	\$548.00	\$68.00	12 months
	Targa ₁ RX-20 with directional	\$274.00	\$548.00		
	Targa ₁ RX-20 with telecoil	\$274.00	\$548.00		
	Targa ₂ RX-20	\$334.75	\$669.50		
	Targa ₂ RX-20 with directional	\$334.75	\$669.50		
	Targa ₂ RX-20 with telecoil	\$334.75	\$669.50		

V5256 — Hearing aid, digital, monaural, ITE (Applicable modifiers: LT, RR, RT) (Continued)

For binaural, use V5260 — Hearing aid, digital, binaural, ITE (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Siemens Hearing Instruments, Inc. — Full Shell	INFINITI pro	\$226.20	\$452.40	\$85.00	12 months
	INFINITI pro with directional	\$301.80	\$603.60		
	INFINITI pro with switchless telecoil	\$268.20	\$536.40		
	INFINITI pro with telecoil	\$259.80	\$519.60		
	MUSIC pro	\$321.54	\$643.08		
	MUSIC pro with switchless telecoil	\$363.54	\$727.08		
	MUSIC pro with telecoil	\$355.14	\$710.28		
	PHOENIX	\$294.00	\$588.00		
	PHOENIX with directional	\$369.60	\$739.20		
	PHOENIX with switchless telecoil	\$336.00	\$672.00		
	PHOENIX with telecoil	\$327.60	\$655.20		
	PHOENIX one	\$202.95	\$405.90		
	PHOENIX one with directional	\$278.55	\$557.10		
	PHOENIX one with switchless telecoil	\$244.95	\$489.90		
PHOENIX one with telecoil	\$236.55	\$473.10			
Siemens Hearing Instruments, Inc. — Half Shell	INFINITI pro	\$253.00	\$506.00	\$85.00	12 months
	INFINITI pro with directional	\$328.60	\$657.20		
	INFINITI pro with switchless telecoil	\$295.00	\$590.00		
	INFINITI pro with telecoil	\$286.60	\$573.20		
	MUSIC pro	\$323.40	\$646.80		
	MUSIC pro with switchless telecoil	\$365.40	\$730.80		
	MUSIC pro with telecoil	\$357.00	\$714.00		
	PHOENIX	\$308.00	\$616.00		
	PHOENIX with switchless telecoil	\$350.00	\$700.00		
	PHOENIX with telecoil	\$341.60	\$683.20		
	PHOENIX one	\$220.50	\$441.00		
	PHOENIX one with directional	\$296.10	\$592.20		
	PHOENIX one with switchless telecoil	\$262.50	\$525.00		
	PHOENIX one with telecoil	\$254.10	\$508.20		
Starkey Laboratories, Inc. — Full Shell	Arista	\$352.00	\$704.00	\$112.47	12 months
	Arista Directional	\$372.00	\$744.00		
	Genesis Dx Discovery D 2k Hz primary peak	\$247.00	\$494.00		
	Genesis Dx Discovery D 3k Hz primary peak	\$247.00	\$494.00		
	Genesis Dx Inteli D High Frequency Emphasis	\$255.00	\$510.00		
	Genesis Dx Inteli D S-AMP Response	\$255.00	\$510.00		
	Genesis Dx Inteli D WDRC Response	\$255.00	\$510.00		
	Genesis Dx Inteli Power D	\$262.00	\$524.00		
	Genesis Dx Inteli Ultra Power D	\$262.00	\$524.00		
	Sirrus II	\$300.00	\$600.00		
	Sirrus II Directional	\$340.00	\$680.00		

V5256 — Hearing aid, digital, monaural, ITE (Applicable modifiers: LT, RR, RT) (Continued)

For binaural, use V5260 — Hearing aid, digital, binaural, ITE (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Starkey Laboratories, Inc. — Half Shell	Arista	\$372.00	\$744.00	\$112.47	12 months
	Genesis Dx Discovery D 2k Hz primary peak	\$266.00	\$532.00	\$56.69	
	Genesis Dx Discovery D 3k Hz primary peak	\$266.00	\$532.00	\$56.69	
	Genesis Dx Intelli D High Frequency Emphasis	\$273.00	\$546.00	\$56.69	
	Genesis Dx Intelli D S-AMP Response	\$273.00	\$546.00	\$56.69	
	Genesis Dx Intelli D WDRC Response	\$273.00	\$546.00	\$56.69	
	Genesis Dx Intelli Power D	\$279.00	\$558.00	\$56.69	
	Sirrus II	\$320.00	\$640.00	\$112.47	
Sirrus II Directional	\$360.00	\$720.00	\$112.47		
Unitron Hearing, Inc. — Full Shell	Unison 3	\$341.25	\$682.50	\$75.00	6 months
	Unison 3 Power	\$371.25	\$742.50		
	Unison Essential	\$281.25	\$562.50		
	Unison Essential Power	\$303.75	\$607.50		
Unitron Hearing, Inc. — Half Shell	Unison 3	\$371.25	\$742.50	\$75.00	6 months
	Unison Essential	\$311.25	\$622.50		

V5257 — Hearing aid, digital, monaural, BTE (Applicable modifiers: LT, RR, RT)

For binaural, use V5261 — Hearing aid, digital, binaural, BTE (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Electone, Inc.	Rio Sierra Power	\$337.12	\$674.24	\$91.00	6 months
	Rio Sierra Super Power	\$361.62	\$723.24		
	Terra	\$337.12	\$674.24		
Micro Ear Technology, Inc.	Caballo	\$299.93	\$599.86	\$112.49	12 months
Oticon, Inc.	**GO BTE	\$206.25	\$412.50	\$100.00	12 months
	**GO BTE Directional	\$232.50	\$465.00		
	GO BTE Power	\$281.25	\$562.50		
	**GO BTE VC	\$225.00	\$450.00		
Phonak Hearing Systems	MAXX 211	\$239.85	\$479.70	\$129.50	12 months
	MAXX 211D	\$259.35	\$518.70		
	MAXX 311	\$259.35	\$518.70		
	***MAXX 411 Power	\$368.90	\$737.80		
Qualitone	312 Trilliant	\$365.99	\$731.98	\$124.97	12 months
	Evolution MM	\$359.99	\$719.98		
	Trilliant MM	\$365.99	\$731.98		
Rexton, Inc.	Targa ₁ P	\$240.10	\$480.20	\$73.50	12 months
	Targa ₂	\$374.50	\$749.00		
Siemens Hearing Instruments, Inc.	INFINITI pro	\$270.00	\$540.00	\$85.00	12 months
	INFINITI pro D	\$288.00	\$576.00		
	INFINITI pro SP	\$291.00	\$582.00		
	MUSIC pro	\$374.50	\$749.00		
	PHOENIX 113	\$212.40	\$424.80		
	PHOENIX 213	\$212.40	\$424.80		
	PHOENIX 313	\$212.40	\$424.80		

V5257 — Hearing aid, digital, monaural, BTE (Applicable modifiers: LT, RR, RT) (Continued)
 For binaural, use V5261 — Hearing aid, digital, binaural, BTE (Applicable modifier: RR).

Manufacturer and Style	Model	Purchase Rate for Monaural	Purchase Rate for Binaural	Repair Rate Per Unit	Repair Warranty
Starkey Laboratories, Inc.	Arista (13 case)	\$360.00	\$720.00	\$112.47	12 months
	Arista (Mini BTE Case/312)	\$360.00	\$720.00		
	Sirrus II	\$299.00	\$598.00		
	Sirrus II Directional	\$342.00	\$684.00		
Unitron Hearing, Inc.	Unison 3	\$341.25	\$682.50	\$75.00	6 months
	Unison 3 Power	\$371.25	\$742.50		
	Unison Essential	\$281.25	\$562.50		
	Unison Essential Power	\$311.25	\$622.50		

V5259 — Refer to V5255.

V5260 — Refer to V5256.

V5261 — Refer to V5257.

ATTACHMENT 2

Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1) Completion Instructions

(A copy of the "Prior Authorization Request for Hearing Instrument and Audiological Services [PA/HIAS1] Completion Instructions" is located on the following pages.)

WISCONSIN MEDICAID PRIOR AUTHORIZATION REQUEST FOR HEARING INSTRUMENT AND AUDIOLOGICAL SERVICES (PA/HIAS1) COMPLETION INSTRUCTIONS

Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

The use of this form is mandatory to receive prior authorization (PA) of certain procedures/services/items. Only number-stamped originals of this form will be accepted. In addition to the Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1) form, HCF 11020, hearing instrument specialists and audiologists are required to include a completed Prior Authorization Request/Hearing Instrument and Audiological Services (PA/HIAS2) attachment, HCF 11021. Hearing instrument specialists are also required to include a completed Prior Authorization/Physician Otological Report (PA/POR), HCF 11019.

Providers may submit PA requests, along with all applicable service-specific attachments, by fax to Wisconsin Medicaid at (608) 221-8616, or providers may submit PA requests with attachments to:

Wisconsin Medicaid
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

SECTION I — PROVIDER INFORMATION

Element 1 — Name and Address — Testing Center

Enter the name and complete address (street, city, state, and zip code) of the testing center. No other information should be entered in this element since it also serves as a return mailing label.

Element 2 — Telephone Number — Testing Center

Enter the telephone number, including the area code, of the testing center.

Element 3 — Processing Type

Processing type "123" (hearing instruments) is preprinted in this element.

Element 4 — Testing Center's Medicaid Provider Number

Enter the eight-digit Medicaid provider number of the testing center.

Element 5 — Name — Referring Physician

Enter the name of the referring physician.

Element 6 — Referring Physician's UPIN, Medicaid, or License Number

Enter the six-digit Medicare Universal Provider Identification Number, eight-digit Medicaid provider number, or license number of the referring physician.

SECTION II — RECIPIENT INFORMATION

Element 7 — Name and Address — Recipient

Enter the recipient's last name, followed by his or her first name and middle initial. Use the Eligibility Verification System (EVS) to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS. Enter the complete address of the recipient's place of residence, including the street, city, state, and zip code. If the recipient is a resident of a nursing home or other facility, include the name of the nursing home or facility.

Element 8 — Recipient Medicaid ID Number

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters. Use the recipient's Medicaid identification card or the EVS to obtain the correct identification number.

Element 9 — Sex — Recipient

Enter an "X" in the appropriate box to specify male or female.

Element 10 — Date of Birth — Recipient

Enter the recipient's date of birth in MM/DD/YY format (e.g., September 8, 1966, would be 09/08/66).

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

Element 11 — Diagnosis — Code and Description

Enter an *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code and written description of the recipient's diagnosis.

Element 12 — Performing Provider Number

Enter the eight-digit Medicaid number of the provider who is requesting the service; this provider will not necessarily be the one performing the service. Enter a number here only if this number is different from the testing center's Medicaid provider number listed in Element 4.

Element 13 — Procedure Code

Enter the appropriate procedure code for each requested hearing instrument or related service.

Element 14 — Modifiers

Enter the modifier(s) corresponding to the procedure code listed if a modifier is required by Wisconsin Medicaid. Refer to service-specific publications for a list of allowable modifiers.

Element 15 — POS

Enter the appropriate two-digit place of service code designating where the requested service/procedure/item would be provided/performed/dispensed.

Element 16 — Description of Service

Enter the procedure code description of the requested hearing instrument or related service. If requesting a hearing aid, enter the manufacturer, model number, and the size of the hearing aid (i.e., full shell, half shell, low profile), if applicable.

Element 17 — QR

Enter the appropriate quantity requested for each procedure code listed.

Element 18 — Charge

When requesting a hearing aid model available through a volume purchase contract, enter the contracted purchase rate. When requesting a hearing aid style that is not available through a volume purchase contract, enter the usual and customary charge. When requesting a complex or high-tech hearing aid model, which is not available through a volume purchase contract, enter the actual or best estimate of the net cash outlay cost. When requesting a major repair for a contracted hearing aid model, enter the contracted repair rate. For all other services and hearing instruments, enter the usual and customary charge for each service/procedure/item requested. If the quantity is greater than "1," multiply the quantity by the charge for each service/procedure/item requested. Enter that total amount in this element.

Element 19 — Total Charges

Enter the anticipated total charge for this request.

Element 20 — Signature — Requesting Provider

The original signature of the requesting audiologist or hearing instrument specialist must appear in this element.

Element 21 — Provider Type

Check the appropriate box to indicate whether the requesting provider is an audiologist or a hearing instrument specialist.

Element 22 — Date Signed

Enter the month, day, and year the PA/HIAS1 was signed (in MM/DD/YY format).

Do not enter any information below the signature of the requesting provider — this space is reserved for Wisconsin Medicaid consultants and analysts.